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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.	TNCR.169US2		
		First Named Inventor or Application Identifier	Thomas McWaid		
		Title	System for Sensing a Sample		
		Express Mail Label No.	EV 321 717 165 US		
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Commissioner for Patents Box Patent Application P. O. Box 1450, Alexandria, VA 22313-1450			
1. <input checked="" type="checkbox"/> Fee Transmittal Form - <i>see page 2 of this form.</i>		6. <input type="checkbox"/> Microfiche Computer Program Appendix consisting of _____ pages of microfiche containing _____ frames on each page in accompanying envelope.			
2. Application: <input checked="" type="checkbox"/> Specification: (27 pages) Descriptive title of the Invention, Cross References to Related Applications, Reference to Microfiche Appendix, Background of the Invention, Brief Summary of the Invention, Brief Description of the Drawings, and Detailed Description		7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies			
		ACCOMPANYING APPLICATION PARTS			
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) (9 sheets informal) (6 sheet formal)		8. <input type="checkbox"/> Assignment Papers (cover sheet & documents) _____ pages			
4. Oath or Declaration <input type="checkbox"/> unsigned a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed) c. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		9. <input type="checkbox"/> 37 CFR §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (combined when there is an Assignee) with Patent Declaration above.			
5. <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		10. <input type="checkbox"/> English Translation Document (if applicable)			
		11. <input type="checkbox"/> Information Disclosure Statement (IDS) (_____ pages) & <input type="checkbox"/> PTO Form 1449 (_____ page) <input type="checkbox"/> _____ Copies of IDS Citations/References			
		12. <input checked="" type="checkbox"/> Preliminary Amendment 4 pages			
		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized)			
		14. Small Entity Status <input type="checkbox"/> Small Entity Statement Enclosed _____ pages <input type="checkbox"/> Statement filed in prior application; and status still proper and desired <input type="checkbox"/> Is no longer claimed.			
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)			
		16. <input checked="" type="checkbox"/> Other: <input checked="" type="checkbox"/> Check in the amount of \$770.00. <input checked="" type="checkbox"/> Copy of Petition for Extension of Time (in parent)			
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information and a preliminary amendment: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional of prior application No. 10/330,901 Filed on <u>December 26, 2002</u> , entitled: <u>System for Sensing a Sample.</u>					
PRIOR APPLICATION INFORMATION: Examiner Daniel Sean Larkin Group Art Unit 2856					
18. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label			<input checked="" type="checkbox"/> Correspondence address below		
			36257		
Name Attorneys for Applicant Address City Country:	James S. Hsue Parsons Hsue & de Runtz LLP 655 Montgomery Street, Suite 1800 San Francisco United States		State (415) 318-1160	CA	Zip Code Fax 94111 (415) 693-0194

19270 U.S. PTO
10/729609

19. Fee calculations.

CLAIMS (Number Filed)	(1) FOR	(2)		(3) NUMBER EXTRA		(4) RATE		(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	1 - 20	=		x	\$18	=	\$
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	1 - 3	=		x	\$86	=	\$
<input type="checkbox"/>	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.18(d))			+	\$280.00	=		
					BASIC FEE (37 CFR 1.16(a))	=	\$ 770.00	
					Total of above Calculations	=	\$	
					Reduction by 50% for filing by small entity (Note 31 CFR 1.9, 1.27, 1.28).	=		
					TOTAL	=	\$770.00	

20. FEES:

A check is enclosed for **\$770.00**.

The Commissioner is hereby authorized to credit overpayments or charge any additional fees required to Deposit Account No. 502664:

21. Other: _____

NOTE: The prior application's correspondence address will carry over to this UPA UNLESS a new correspondence address is provided below.

22. NEW CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	36257	<input checked="" type="checkbox"/> New correspondence address below			
NAME	James S. Hsue, Parsons Hsue & de Runtz LLP				
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23. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

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Express Mail Label No.	FV 521 717 165 US	